State of California—Health and Welfare Agency Form Approved OMB No. 2050 -- 0039 (Expires 9-30-91) Department of Health Services Toxic Substances Control Division Sagramento, California See Instructions on Back of Page 6 and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). Manifest Document No 1. Generator's US EPA ID No. 2. Page 1 UNIFORM HAZARDOUS information in the shaded areas is not required by Federal law. CAD 008 252 983 WASTE MANIFEST A. State Manifest Document Number Generator's Name and Mailing Address PARA PLATE 90703 15910 SHOEMAKER AVE.., CERRITOS, CA 9 State Congrato 4 Generator's Phone (213 404-3434) US EPA ID Number Transporter (Company Name OMEGA RECOVERY SERVICES C. State Transporter's ID CAD | 042 | 345 | 001 D. Transporter's Phone 213 698-0991 US EPA ID Number E. State Fransporter's ID Transporter 2 Company Name F Transporter's Phone 9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES US EPA ID Number G. State Fecility's ID CALL 4011414HH15TO 911 12504 E. WHITTIER BLVD 698-0991 CAD,042 245 001 213 WHITTIER, CA 90602 88681558 13. Total Quentity 12. Containers Waste No Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No Type ⁵¹**2**11,212 NA 1693 WASTE ORM-A N.O.S (FLEXOSOLVENT) ቼየያ"roo3 State EPA/Other State FPA/Other CENTER State EPA/Other J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above 15. Special Handling Instructions and Additional Information PROFILE NUMBER B 10016 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. OF AN EMERGENCY OR SPILL If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, II am a small quantity generator. I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Month Day Year Printed / Typed Name Sionature 5 kral ulia 0 N Y 17 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Day Year Signature 18: Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Month Day Signature В 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hezardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Signature Month Day 1/12/12/20 DHS 8022 A (1/88) Do Not Write Below This Line While ISDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS (Rev. 9-88) Previous editions are obsolete To. P.O. Box 3000, Sacramento, CA: 95812